

**COLLEGE OF THE OUACHITAS
APPLIED SCIENCE TECHNOLOGY
DEGREE PLAN**

**Certificate of Proficiency
Criminal Correction Specialist**

Name _____ SSN _____

Advisor _____

Division Chair Signature _____

Semester	Grade	Course Number	Course Name	Prerequisite(s)
_____	_____	CJUS 1123	Survey of Corrections	
_____	_____	CCSP 1103	Introduction to Corrections Processes and Policies in Arkansas	
_____	_____	CCSP 1203	Correctional Organization and Management	
_____	_____	CCSP 2103	Health and Safety in Corrections	